

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MR</i>	6764	4/12/10
O.I.P.E. CLASSIFIER	<i>E.A</i>		4/17/10
FORMALITY REVIEW	<i>AS</i>	67225	4/21/10
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

**BEST AVAILABLE COPY**

Claim	Date
Final	
Original	4/12/10
1	✓
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6	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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